

review. ne was 35.04 ± 22.24 gm. The mean PSA level was $12.69 \pm$ The m, and two cases of prostate adenocarcinoma were found. The mean operative time was $111.83 \pm$ and t minutes, and $25.11 \pm$ minutesgm of specimen was collected. The mean days of hospital stay was $5.69 \pm m3.02$ days, and $5.29 \pm$ days, and 5.29 as collected. The mean days of hospital stay was 5.69 ive time was 111.83 ted with a o post-op blood transfusion was given. No post-op urine retention was noted. The resected weight of prostate is larger than previous 2 groups, however, length of hospital stay is not significant among the 3 groups.

Conclusion: The new laser modality, MultiPulse® Tm+1470 laser, is available for TUR-P, and the result is comparable with previous laser prostatectomy. Further study with larger patients group and long-term follow-up is mandatory.

NDP057:

5-ALPHA-REDUCTASE INHIBITORS AND RISK OF DIABETES MELLITUS

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Purpose: The aim of this study is to investigate the risk of diabetes mellitus (DM) after 5-alpha-reductase inhibitor (5ARI) therapy for benign prostate hyperplasia (BPH) using the National Health Insurance Research Database (NHIRD) in Taiwan.

Materials and Methods: In total, 1298 adult patients newly diagnosed with BPH and who used more than 28 cumulative defined daily doses (cDDD) of 5ARI were recruited as the therapy group cohort, along with 12887 subjects who did not use more than 28 cDDD of 5ARI as a control group from 2002 to 2009. Each patient was monitored for five years (from 2003 to 2008) to identify those who subsequently developed DM. A Cox proportional hazards model was used to compare the risk of DM between the study and comparison cohorts after adjusting for possible confounding risk factors.

Results: Patients who received 5ARI therapy had a lower cumulative rate of DM than those who did not receive 5ARI during the five-year follow-up period (3.5% vs. 5.3%, $p = 0.003$). In sub-group analysis, among the BPH patients aged <65 years, the five-year DM events hazard ratio (HR) of 5ARI users was lower than that of non-users (HR: 0.47, 95% confidence interval (CI): 0.24–0.91; $p = 0.026$).

Conclusion: Therapy with 5ARI may decrease the five-year risk of DM in the BPH patients younger than 65 years. Further mechanistic research is warranted to validate the results.

NDP058:

THE TOLERANCE OF TAMSULOSIN 0.4MG (HARNALIDGE® OCAS®) IN MANAGING BENIGN PROSTATE OBSTRUCTION IN TREATMENT-NAIVE TAIWANESE MEN

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Purpose: In Taiwan, the recommended initial dosage of tamsulosin for managing men's lower urinary tract symptoms (LUTS) is 0.2mg per day. The aim of the study is to evaluate the tolerance of tamsulosin 0.4mg (Harnalidgelien, Taiwan.te the results.3). In sub-group analysis, among the BPH patients aged <65 ye.

Material and Methods: From 2015 Jan to 2015 Dec, we retrospectively reviewed men with LUTS suggestive of BPO visiting urologic clinics without previous exposure to alpha blockers or 5-alpha reductase for study. Exclusion criteria were those with urethral stricture, previous prostate surgery, chronic kidney disease under dialysis, acute urine retention under urethral catheterization and prostate or bladder cancer. Baseline patient characteristics including age, international prostatic symptom score (IPSS), total prostate volume, uroflowmetry and post-void urine volume were recorded.

Results: Finally, 194 alpha-blockers naive men (mean age = 70.5 ± 14.2 years) were enrolled for analysis with. The baseline IPPS, prostate size,

Qmax, PVR was 13.9 ± 6.3 points, 53.9 ± 22.8 gm, 11.5 ± 4.7 ml/sec, and 39.4 ± 33.2 mL respectively. There were only 4 shifted to the other alpha blockers (2 silodosin and 1 tamsulosin 0.2 mg due to side effects and 1 doxazosin due to poor effect) with a mean followup of 137 ± 181 days. The Qmax and PVR improved to 12.8 ± 5.5 ml/sec ($p = 0.08$) and 36.2 ± 46.1 ml ($p = 0.65$) at 3 months followups while not statistically significant.

Conclusion: Tamsulosin 0.4 mg is well tolerated in alpha-blckers na2 years) were enrolled for analysis with. The baseline IPPS, prostate size, Qmax, PVR was 13AS® is not warranted in Taiwanese men.

NDP059:

PREVALENCE OF AND THE RISK FACTORS FOR NOCTURIA

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Purpose: Nocturia is one of the most distressing symptoms in older men with benign prostatic hyperplasia and is the lower urinary tract symptom most strongly associated with poor quality of life ratings. It is associated with increased rates of depression, work absenteeism, lower self-rated physical and mental health, congestive heart failure, and increased all-cause mortality. Nocturia is was noted to have higher rates of accidental falls and fractures in the very old. There are many factors associated with nocturia and treatment may result in only small improvement. We examined the prevalence of and risk factors for nocturia in North downtown, Kaohsiung City.

Materials and Methods: We collected data on 1629 individuals with 1142 males and 487 females who living at North downtown, Kaohsiung City. We analyze the relationships between nocturia assessed by a questionnaire and other variables including age, blood pressure, Cardiovascular disease, cerebrovascular disease, COPD, DM, Chronic renal failure, BPH, smoking habit and alcohol intake.

Results: Overall, 493 individuals (30.3%) answered that they arose to urinate at least twice during the night. The rate increased with age from 18.7% in individuals younger than 50 to 56% in those older than 69. Logistic regression analysis revealed that cohorts of subjects 50–59, 60–69, and 70 years old or over had, respectively, 1.82, 3.43, 5.88times the prevalence of nocturia of the 49 years or younger cohort. Hypertention (OR 2.04), DM (OR 1.87) and heavy smoking habit (OR 1.66) were other independent positive factors for nocturia. In male individuals, BPH was another independent positive risk factor (OR 1.57). Gender was not associated with nocturia.

Conclusion: Nocturia may be caused by conditions or disorders that result in low bladder volume voids, nocturnal polyuria, or sleep disturbances. Age, benign prostatic hyperplasia, congestive heart failure, renal disease, diabetes mellitus, and Hypertension are some of the conditions associated with nocturia. Because nocturia is associated with a variety of clinical syndromes and disorders, the diagnostic approach is often challenging, and treatment may result in only small improvement.

Urolithiasis

NDP060:

A DIFFICULT URETER STONE, IN A PATIENT WITH ILEAL CONDUIT AND WALLACE-TYPED URETEROILEAL ANASTOMOSIS

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Introduction and Case Report: The two most common forms of ureteroenteric anastomosis after radical cystectomy and urinary diversion are the Bricker (separate) and Wallace (conjoined) techniques. The choice usually depends on the surgeon's preference and experience. Reports had suggested higher stricture rates with the Bricker and increased risks for bilateral renal obstruction with the Wallace. On account of the difficulty of the procedure, ome experts suggested it is easier to perform Bricker methods for ureteroenteric anastomosis in patients with high body mass index.